

Editorial: Diversity and culture; threads in a golden tapestry which nurses have the privilege to enact and the responsibility to preserve

Reflecting upon my nursing career over the last twenty-five years, comparing the person I was at the start and the person I am now; there is a vast difference. Prior to starting my nursing training I had little experience of the world; I integrated with and was influenced by individuals and my local community and whilst I heard about wider aspects of UK society and the world on television, I had little direct experience. My nursing career has provided the opportunity to work with individuals from different parts of society, to learn from them and to expand my knowledge and understanding of the world. Nursing has given me the opportunity to critically examine my beliefs and values; to unpick where they came from and to challenge, when needed, beliefs I previously held which were factually incorrect or biased. As a nurse educator, I now witness the students I work with going through this same journey, as their world views expand in light of the individuals they meet and the experiences they have.

Gonzalez-Guarda (2016:1443) highlighted that the world is becoming increasingly diverse, due to increased opportunities for mobility resulting in communities consisting of a myriad of races, ethnic minority groups, languages, religions, socio-economic groups and experiences. This diversity like threads in a tapestry, contributes to a richer, fuller and more exciting world in which to live; a world which enriches the lives of the people which inhabit it. Nurses have the privilege of working with and integrating with this rich tapestry, as they encounter and work with diverse individuals in their everyday professional practice. However alongside this privilege comes a great responsibility. Nurses work with vulnerable individuals often when they themselves or their family are unwell, sick or dying. This vulnerability emerges when people experience a lack of control, of either their own or loved one's health, a lack of control of managing the clinical care needs as well as trying to navigate through an 'alien' world of health care consisting of strange sounds, smells, terminology and systems (Heaslip 2013). An individual's experience of vulnerability can be heightened for individuals from diverse groups as this 'alien' world can be magnified if the language spoken is not one which is familiar, if personal beliefs, customs and values are not recognised or valued, or if the environment and the people providing the care do not evoke a sense of safety and security.

Epidemiological evidence highlights that individuals from ethnic minority groups experience heightened morbidity and mortality rates (World Health Organization 2016) as well as finding accessing health care more challenging (Kings Fund 2006). This disparity perpetuates health inequality and inequity. As nurses, we have the opportunity to address this. The

International Council of Nursing (ICN 2012) identified four key responsibilities of nurses; to promote health, prevent illness, restore health and alleviate suffering. As such there is a professional obligation to ameliorate some of these difficulties, to create opportunities and promote access to health care, to address health inequities by creating cultures in which diverse individuals feel safe and cared for. A core aspect of providing safe and equitable health care environments is respecting individual's human rights including cultural rights and the right to be treated with respect. As such the ICN assert that nurses have a responsibility to provide care which validates and respects individual differences as associated with 'age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status' (ICN 2012).

Whilst an awareness of and a responsibility towards accepting and meeting individual cultural needs are widely accepted as core nursing values, the manner in which they are actioned in the profession has been widely contested. Some authors refer to cultural competence, defined by Jirwe et al. (2009; 2623) as 'a process by which nurses have a multi-cultural knowledge base as well as the ability to translate this knowledge into practice'. There have however been challenges to the notion of cultural competence; personally I have previously challenged the over-reliance on the knowledge domain (Heaslip 2015) as well as the assumption of homogeneity within different cultural groups (Heaslip and Smith 2016). In contrast to cultural competence is cultural safety, a movement that has largely been driven by Australian and New Zealand nurses working with Indigenous communities. Cultural safety goes beyond that of the individual practitioner to consider the cultural environment, to creating spaces in which there is no denial of cultural background, where there is shared respect, shared meaning, shared knowledge and experience of learning, living and working together (Williams 1999). Despite these drives towards culturally sensitive care, Wilson and Neville (2008) and Roberts et al. (2011) highlight that nurses do not always provide care based upon the cultural needs of their clients for a variety of reasons including lack of knowledge, unthinking or questioning practice or contrasting cultural beliefs.

As such I am delighted to have had the opportunity to bring together a special edition of papers which reflect and celebrate the diversity of culture and how nurses are working to ensure that individual beliefs and values are respected and integrated into nursing practice. This special issue on *Cultural Issues in Nursing* presents a variety of papers which reflect a diverse group of clients as well as how professional nurses are working to understand the patient experience and to improve the clinical care of people from diverse cultures in order to address health inequity experienced by these communities and groups. I am especially delighted in the range of papers from a plethora of countries giving this special edition a truly

international focus. One of the challenges I have faced in bringing together this special edition related to finding peer reviewers with expertise in this particular field, highlighting how few nurses are developing expertise in this area. Moving forward, this needs to be addressed. As a profession, we need to cultivate and develop staff with an interest in meeting the needs of individuals from a diverse cultural base to ensure a future nursing workforce equipped with the knowledge, skills and values to meet the diverse needs of individuals within our communities.

I would like to take a moment to thank the reviewers who generously gave their time and without whom this special edition would never have been produced. Lastly to the readers of this special edition I wish to thank you for reading the papers; I hope that you find them informative and thought provoking. Most importantly, I hope that you utilise this new knowledge to bring heightened awareness to you and your colleagues' practice.

Reference

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